3 1761 11766688 3

CA1
MH
-1985
R22

GOVT


Digitized by the Internet Archive
in 2022 with funding from
University of Toronto

https://archive.org/details/31761117666883

THE RELATIONSHIP BETWEEN SERVICES AND PERCEIVED WELL BEING OF TENANTS IN ELDERLY PERSONS HOUSING IN MANITOBA

CENTRE FOR URBAN & COMMUNITY STUDIES
UNIVERSITY OF TORONTO
455 SPADINA AVENUE
TORONTO, ONTARIO M5S 2G8

Prepared by:

Y. Gold
I. Garvie
N. Frohlich

Winnipeg, Manitoba
March, 1985

This project was carried out with the assistance of a grant from Canada Mortgage and Housing Corporation under the terms of the External Research Program. The views expressed are those of the authors and do not represent the official views of the Corporation.

LIBRARY
MAY 8 - 2001
UNIVERSITY OF TORONTO

BDB-3850

ABSTRACT

In 1984, a project was undertaken to examine the perceived well being of tenants in Elderly Persons Housing (EPH) in Manitoba, specifically the effect of in-building services. A sample of managers and tenants was surveyed to explore both the perception and reality of service availability and accessibility on tenant well being.

The assumption that in-building services would have an affect was not supported by the data, as it was determined that in-building services do not enhance the tenants' sense of well being. Proximity to services did not result in increased use, as those tenants with in-building services reported an increased sense of service accessibility and awareness, not service use.

Both tenants and managers supported a broadly defined role for the manager. Managers with in-building services appeared to be more acutely aware of services for tenants. The presence of services in the building may shift to some extent the managers' perception of role.

A significant indicator of tenant well being was the size of the EPH. The larger the EPH, and the larger the town in rural Manitoba, the less the tenants viewed themselves as managing well.

Finally, the findings suggested that there may be a blurring of the distinction between care facilities and EPH. It may be that the presence of services in-building focuses attention on the minority in the tenant body, and contributes to a shift in the image of the EPH as catering to that minority. Both tenants and managers expresssed a preference for community

based services.

Methodological constraints require some caution in generalizing from this report. However, the significance of the findings suggests that further assessment of these issues is warranted.

TABLE OF CONTENTS

THE RELATIONSHIP BETWEEN SERVICES AND PERCEIVED WELL-BEING OF TENANTS IN EPH'S

This report describes a project which examined the perceived well being of tenants resident in Elderly Persons Housing complexes (EPH) in Manitoba. Of interest were both the perception and reality of service availability and accessibility on the well being of tenants.

1.1 Rationale and Background

This project was designed to add to the body of knowledge regarding the elderly, and the issue of the most effective, satisfying and appropriate housing and support service environments for them. As Betty Havens, writing in the Canadian Journal on Aging notes:

> "To address the basic human need for adequate shelter options for older adults, continued research is needed to document (1) the scope and nature of the problem (2) the human and environmental characteristics related to the need for new or modified shelter and the extent to which those relationships appear to be relatively universal or time or culture specific and (3) the extent to which and for whom specific solutions work: i.e.; feasible for society, affordable, having appropriate design and suitable location -- in short, bringing satisfaction in living arrangements and continued functioning at an acceptable level in a community setting."

Two models are identifiable in practice and in the literature:

1. housing with resources based in the community and delivered on an individual needs basis

2. housing which provides support, health and other resources in-building -- support services housing

Our research (Frohlich, Gold and Garvie, 1982 and 1983) has confirmed the importance and necessity of examining the manner in which services are linked to buildings and individuals. One study which explored the issue of the ill elderly in EPH noted that while the ill elderly are a minority in EPH they comprise a minority of which managers and planners are most aware. Most tenants in EPH reported themselves to be managing well, and satisfied with the environment, and the role of the managers and the support services. However, the study also noted a sub-set of managers of potential concern, managers noted as being intrusive with a broad view of their role, and being linked to tenant dissatisfaction. Another study determined that selected interventions could assist in an enhanced quality of life options for tenants, related in those instances to resources which would assist tenants in dealing with social needs, particularly addressing loneliness.

1.2 Objectives of the Project

From the existing literature and research, it has been demonstrated that services and resources may impact on the tenants' perception of well being

and independence. The purpose of this project was to further examine the nature of the relationship between the two variables, services and tenant well being. The specific focus was the nature and extent of any impact attributable to the location of services on the perceived well being of residents of EPH. The objectives were therefore established as follows:

1. to examine the relationship of tenant's perception of well being and independence to resources in terms of: service accessibility, service availability, service visibility, service appropriateness

2. to examine the various models of service delivery involved with EPH

The project therefore undertook to examine this issue and to determine the nature of some of the variables affecting this linkage in accordance with the following hypotheses:

Hypothesis 1

The perceived well-being of tenants will be affected by the presence of services located in the building.

Some argue that the presence of either those requiring care, or highly visible services might undermine the morale and sense of self management of the well-elderly. In this argument, the presence of the services is cited as possibly encouraging dependency and eroding the self image of the more able tenants. Others argue that the presence of services, or multi-level, care does not negatively affect the perceived well being of the tenants nor

increase dependency.

Hypothesis 2

The more accessible the services the greater the use.

Accessibility and availability could be potential variables in affecting use of services. Important considerations in the use of services, in addition to need, would include matters such as awareness of the service (knowledge), perception of it as a resource or alternative, choosing to use it, all of which could be altered by visible accessible services located in-building.

Hypothesis 3

Tenants with in-building services have a different view of the EPH than those in EPH without services, and expect more of their managers.

Our previous work had suggested that some managers might be extremely active on behalf of tenants, even to the point of being controlling and directive. In-building services, with the potential to provide a total environment for tenants might relate also to a more comprehensive role being defined for the manager. Further, tenants might hold a different view of an EPH.

It was considered that tenants might self select into EPH's with services; that in-building services could, in effect, function as a market element for EPH. Age and health were two of the variables which could be different, with

the older and less healthy tenants seeking EPH with in-building services.

Hypothesis 4

Increased size of the EPH was assumed to affect perceived well being of tenants negatively.

The size of the EPH was considered to potentially be an important variable. The larger EPH's might be more impersonal, have less interpersonal contact, and might link to services in ways that differ from smaller EPH's.

1.3 Operationalization

In operationalizing the study, the variables of interest were specified as described below. The variables included:

- perceived well being
- self management, eptness
- service categories
- location of service delivery
- size of EPH

Perceived well being as reported by the tenants was selected as the mechanism to determine how the tenants viewed their life. This was a self

reported view of the state of their world. However, in order to strengthen the self reporting a standardardized and validated perceived well being scale was used.

That scale, developed by Reker and Wong (1982), is comprised of two sub-scales, physical and psychological, such that the composite score on the two subscales provides an index of overall perceived well-being. The underlying definitions cited by the authors are: "psychological well being is the presence of positive emotions such as happiness, contentment, joy and peace of mind and the absence of negative emotions such as fear, anxiety, and depression. Physical well being is defined as self rated physical health and vitality coupled with perceived absence of physical discomforts. General well being is defined as the composite of psychological and physical well being". The questions comprising the scale are presented in Schedule 1 and the discussion of the scale in Reker and Wong, Psychological and Physical Well Being in the Elderly: The Perceived Well Being Scale (PWB), Canadian Journal on Aging, Vol 3, No 1.

Self management or eptness was measured by an index developed for the purposes of this study (see Schedule 1). It explored the tenants' perception of control in their life, and management of their activities. As people mature, and age, they develop coping mechanisms that permit them to manage their life. With various degrees of success people engage others (people and institutions) in furthering their objectives. In so doing, it is important that individuals retain their sense of self management. The meaning of this is personal, varies between individuals. It incorporates a

range of dependence and independence reflective of the manner in which an individual has coped over the years. It is a concept that reflects a personal sense of satisfaction or comfort with one's arrangements for managing one's life.

Use of services, or even extensive use of services is an insufficient measure of the relationship between services and independence. It may be a positive adaptive strategy to make efficient and extensive use of services to support an individual's life style. Further, a senior who is by nature dependent may indeed use services to meet the dependent component of his needs. It is the position of this paper that as long as it is the senior's perception that the use of services does not diminish his view of self management and well being that the linkage between individual and service is appropriate. Hence the use of the perceived well being scale and self management index to measure from the perspective of the tenant.

An extensive and sophisticated range of services and supports is available to seniors in Manitoba. These range from supports and initiatives for the well elderly such as recreation and social, through community based health and remedial services to care facilities. Elderly Persons Housing is itself a service or resource for seniors, and for the purposes of this study was treated as a given. Only services above and beyond basic housing were examined for their effects on well-being. The support services were categorized as follows:

- remedial, that is, those services which seek to remedy a problem or

condition. These include (a) those which provide supports for activities with which the senior now requires assistance, but at one time would have managed on one's own, e.g. support for daily living including meal preparation, cleaning apartment, personal care: (b) those which provide supports or assistance which the senior would not normally undertaken himself e.g. doctors, nursing and (c) those which provide a support activity of a more general nature e.g. daily hello (phone call to check on a senior), friendly visiting

- recreation or social, those services which engage seniors in activities, ones which seniors could selectively avail themselves of depending on their will and their perception of the adequacy of current social networks. Included would be recreation centres and social clubs.

- facilitation services which are established to facilitate seniors use of services, to provide information. Included would be information and referral services, translation services.

In Manitoba three categories of service organization were identified. These were defined in terms of the location from which services linked to an EPH:

- community based delivery -- services available to people in their own homes (including EPH) delivered from agencies in the community

- in-building services -- services actually located in the EPH, available to residents of the EPH and the community

- adjacent -- services available to the EPH from a shared administration (personal care home and EPH) or physically adjacent setting.

The EPH's in Manitoba vary in number of units and size of towns in which they are located. They range from four units in small towns to over 300 units in Winnipeg. The categorization by size is more fully discussed in the section on methodology.

1.4 Project Methodology

Data for this project was developed through a personal or telephone interview with a sample of tenants in EPH in Manitoba; and a mailed survey to all managers of EPH in Manitoba. In addition, selected interviews were undertaken to gather information relative to the project and to assist in focusing issues. The information gathered was incorporated in the analysis of findings and discussion. The interviews with tenants and survey of Managers was undertaken during the six week period August 1 through Sept 15, 1984.

1.4.1 Sample

The sample frame was developed from a listing of all EPH in the province based on a list provided by Manitoba Housing and Renewal Corporation of the Manitoba Provincial Government, with responsibility for EPH in the Province. It was integrated with a listing provided by the Manitoba Association of

Social Housing Management Inc. Based on the number of units in the EPH, an estimated tenant population of 12,000 to 13,000 was identified, with approximately 8,500 in Winnipeg. Overall, 250 EPH managers were listed.

The sample was designed recognizing the imperatives of the Manitoba geography. Manitoba has the one major centre, Winnipeg, with a population of 500,000; regional centres which range in population from 5,001 to 35,000; and then those areas and towns with populations of 5,000 and less. The sample was stratified in accordance with these categories, which represent different service linkages. Winnipeg, the major urban centre has extensive services, and EPH with both in-building and community based services. The regional centres are the larger rural communities; frequently the regional headquarters for the service departments. It had been our intent to stratify further the communities of less than 5,000 but the limited number of EPH in the sub-groupings and access problems resulted in this category being collapsed to one. Data from the Manitoba Department of Municipal Affairs were used to stratify the towns.

The sample frame was further stratified on the basis of the size of the EPH. Categories for this stratification were arbitrarily defined, as available data did not permit anything beyond an intuitive definition of categories by EPH size. In rural Manitoba the EPH were relatively evenly distributed in EPH of 19 units and less and 20 units and more, and this grouping was used. In Winnipeg, EPH size categories were increments of 50; e.g. 0 to 50; 51 to 100 and so on.

The sample was then structured in terms of the presence of in-building services. In Winnipeg this was done on the basis of listings in the telephone book and on-site visits. None of the contacted government offices had comprehensive information on the EPH to provide a list of those with in-building services. For rural Manitoba, a list was provided by the Manitoba Health Services Commission of those EPH which shared either administration or facilities with another health institution such as a clinic, hospital or personal care home. For the purposes of this study such EPH were deemed "adjacent" and 8 such facilities were identified. However, the tenant population proved too limited to permit a meaningful sample to be developed. Therefore, this category was integrated with the rural sample.

Therefore the final sample was selected from a sample frame as follows:

- stratification of the province by size of town or centre
- stratification of EPH by size within the previously stratified centres
- stratification of Winnipeg sample frame in accordance with the presence or absence of in-building services.

The tenant sample was selected from EPH's from each strata using random sample without replacement. The sample was 335 for Winnipeg and 127 for rural Manitoba. In rural Manitoba some consideration was given to the dispersion of the EPH over the 8 regions of the province. This occurred in the random selection of the rural EPH.

1.4.2 Survey Instruments

Two questionnaires were developed, one for the tenant survey, and one for the managers. Copies of these are presented in the Appendix. They were pretested in early August, 1984. The tenant form was pretested in all three categories -- EPH s with and without services, and by telephone for rural Manitoba.

1.4.3 Administration

The instrument was personally administered to urban (Winnipeg) respondents. Interviewers visited the sample EPH's, selecting apartments in each unit randomly (random selection of first unit, and every nth thereafter, with specific instructions for substitutions).

Managers were advised of the tenant survey, although it was not possible to advise the tenant respondents due to the absence of any lists of tenants. Although not initially intended, it proved necessary to contact managers by telephone prior to proceeding to the EPH's. Managers indicated their preference to know about the survey in their buildings; and in effect mandated the survey. In most instances the managers proved co-operative in permitting the interviewers into the EPH. In a few instances permission was not granted, citing reasons such as timing, or recent surveys.

Minimal problems were encountered in administering the survey in Winnipeg, There was not a problem with non-respondents in the urban sample.

The survey was administered by telephone to respondents in rural Manitoba. Problems were encountered in identifying the rural respondents. As there was no listing, and a visit to the EPH was not possible, the matter of developing a list of telephone numbers proved a challenge. Initially, the strategy was to identify names and phone numbers from the telephone book of the respective town; but this resulted in a number of inappropriate calls and numbers. The second strategy was to contact the manager, and request a list of tenant telephone numbers without identifying information. This approach proved viable, and improved the contact rate. It also advised managers of the survey to particular EPH's. Again, the managers were co-operative.

Overall, 442 rural calls were attempted, of which there were 315 refusals and non contact. Of this number 61 or 19.4% were wrong numbers or out of service lines. For 138 or 43.8% no reason was cited, either the party was not reached or declined. Another 36.8% cited specific reasons for not participating -- either problems with language (86, 27.3%) or ill health (30, 9.5%) Extensive and significant pockets of rural Manitoba with population of seniors in EPH with language limitations were identified. These respondents communicated in French, or Ukrainian, or German, and indicated that they had insufficient command of English to deal with the interviewer.

Managers were contacted by a mailed survey during the same period, and of the 250 interview forms mailed, 107 or 42.8% completed and usable responses were received in time for data analysis.

SECTION II

FINDINGS

The discussion of the findings from the project begins with some general profile information about the tenants and services; and then proceeds to an examination of the findings relevant to the hypotheses. The data on which these findings are based are presented in the Appendices. Appendix I provides copies of the questionnaires; the more significant data are presented in a series of Tables in Appendix II. The frequency schedules are separately bound as Supporting Data.

2.1 Tenants in EPH

A substantial number of tenants reported themselves to be relatively long term residents of their respective EPH. Approximately 40% of the Winnipeg tenants and 35% of the tenants in rural Manitoba reported residency in excess of 5 years. In Winnipeg 61.70% had resided in the same EPH for 5 years or less; in rural Manitoba 55.74% reported 5 years or less residency. Of those, for each of urban and rural, 15.20% and 9.84% respectively were in their first year of residency.

Most tenants lived alone. Of the Winnipeg tenants 17% reported that they lived with another party; 19.01% of the rural tenants. For the urban tenant group, 16.37% were married; rural 20.66%.

The tenant population is predominantly female. The Winnipeg tenants were

26.24% male; 73.76% female. In rural Manitoba, there were 19.51% males, 80.49% females.

The Winnipeg tenant population was slightly younger than that in rural Manitoba. 68.2% of the urban tenant population and 58.2% of the rural population were 79 years of age and less; and 31.8% of Winnipeg tenants and 41.8% of rural tenants were over 80. (Table 2)

Receipt of GIS was reported by 43.98% of the urban tenants, and 58.93% of the rural tenants. Of the urban tenants, 59.6% of the GIS recipients were in EPH's with in-building services, while 50.0% of the non-GIS recipients are. Thus, the urban tenants were better off financially. Those with sources of income other than government support alone scored higher on the perceived well being scale.

Tables 3, 4, 5, and 6 present information on the tenants' and managers' view of both the appropriateness of service location, and their preference. The most frequently cited appropriate in-building service was recreation (managers 37%; tenants urban 87.08%; 26.83% rural). When asked to indicate preference for service location, managers tended to prefer community based services. The exception to this is recreation. Managers were almost equally in support of in-building or community based supports. Except for recreation, tenants also preferred community based services, with rural tenants supporting adjacent services at a somewhat lower level. Managers and all tenants preferred in-building recreation services although tenants in cities were much stronger in their support for in-building recreational

services.

Managers and tenants were asked to indicate the importance of various attributes of EPH in terms of selection of an EPH. Overall, managers tended to indicate more strongly than tenants that these attributes were important -- quality housing, affordable rents, supporting independence; providing opportunities for friendship; and support services. Tenants supported the importance of accessibility to services more strongly than managers. In that instance, 88.0% of the tenants agreed that this attribute was important or very important, and 70.2% of the managers agreed. While 98% of the managers indicated that the opportunity for friendship and social contacts was an important attribute of the EPH, 80.5% of the tenants so indicated. (Tables 7 and 8) Thus, it would seem that the managers and tenants have relatively congruent views of the importance of various attributes of EPH, with some difference in degree of significance attached to the opportunity for friendship; and access to service being facilitated by the EPH.

2.2 Perceived Well Being

One of the main concerns that we had was to identify the relationship between the perceived well being of tenants and their perception regarding the location and appropriateness of services. A number of measures were employed to determine the relationship between tenant perceived well being and their subjective impressions of service location and accessibility.

Tenants were asked to indicate their view of both the appropriateness of

service location, and their preference. With the exception of recreational services, there was less support on the preferred scale for in-building services than on the question that asked about appropriateness. That is, tenants were more prepared to indicate in-building services as appropriate than they were preferred. (Table 10)

Tables 14 compares the well being scores of individuals in three categories -- those who felt the services were most appropriate in the building, adjacent and in the community. Table 15 compares the well-being scores of individuals in the three groups regarding preference for location of services. Recreation services in-building had the most significant positive impact for the psychological, management and composite well being scales. To a lesser degree health services in-building also are positively correlated with perceived well being, on the physical and psychological well being scales but not on the management index. Those who prefer recreational services in building scored higher on their composite well being than did those who prefered community or adjacent locations. Those who prefered everything but recreation to be located outside the building scored higher on the management scale.

These subjective perceptions of appropriateness were contrasted with actual availability. Data was also obtained to permit us to contrast perceived well being with actual availability. This analysis deals with Winnipeg based tenants, comparing those resident in EPH with in-building services with tenants in buildings without in-building services.

There is no statistically significant difference in the way tenants with in-building services feel about themselves in general than in the way those without services feel. Psychological well-being is slightly higher but is counterbalanced by the other two scales. Tenants in EPH with in-building services differed from their counterparts in some areas not directly related to perceived well being. For example, they were more likely to claim that their reasons for coming to the EPH included the availability of health and recreation services, and also more security. They also indicated they would be able to keep their independence longer and claim they have plenty of friends.

In examining the results, there are some statistically significant differences within the three categories of perceived appropriateness of and preference for service location -- adjacent, in-building and community -- but these do not appear to be substantive. The difference on the perceived well-being scales for tenants in the different categories is at most in the order of magnitude of 10%. When one looks at the perceived well being and actual availability of services in-building this effect of perceived appropriateness and preference appears to be an artifact. There is no statistically significant difference in the perceived well being of tenants in EPH with services and those without.

These findings were not shifted when the data was examined for the effect of age or ill health. There was no significant difference in perceived well being for the older tenants compared to the younger tenants (older 80 plus). (Tables 12 and 13) Those in ill-health with in-building services

report a much lower sense of physical well being, but given that the data was categorized to identify those with health problems, this is not surprising.

The findings further suggests that those tenants who think well of themselves would prefer that the EPH be solely reserved for use of the tenants. (Table 11) Tenants who feel good about themselves believe that in-building services should be solely for tenant use. Further, it is the tenants who indicate a positive rating on the well being scale who agree with the statement that in-building services decrease privacy.

One of the findings of the study is the relationship of accessibility of services with perceived well being of the tenants. Accessibility of services positively correlates with all three well being scales. In this regard, tenants with in-building services reflected a stronger sense of service availability; a much higher sense of knowledge of services; and a perception that the manager should supply information about services.

Based on the tenants perception of the presence of in-building services rather than the categories developed for the study, the data were examined to determined the relationship between use and service location. In-building services did not correlate significantly with increased use. Tenants with health services, supports for daily living, translation, information and emotional support services in-building did not use them more than the other categories. Tenants with recreational services in the building report more use. Thus, in-building services do not appear to

affect usage; do not encourage use. The exception is recreation, a services which has the potential to enhance self image and quality of life through socializing. (Table 16)

Users of services were asked about their satisfaction with the supports they received (Tables 17 and 18). Easy to get to services correlate positively with all the scales of perceived well being. To a lesser extent, the various attributes of service correlate positively with some aspect of the well being scale except any concern tenants might have about having to complain.

Convenience of the EPH is perceived as important. The overall convenience of the EPH as reported by the tenants was generally high. Only 3.1% of the urban tenants and 7.2% of the rural tenants considered their EPH to be inconvenient. 7.77% of the managers indicated that their EPH was inconvenient. Several of the amenities examined in the question dealing with the convenience of the EPH proved significant in the perceived well being of the tenants. The following amenities were important for well being: parks, buses, churches, medical services, recreational services, shopping centres, information and referral and an overall convenient location. (Table 19). Table 20 compares the views of tenants with and without in-building services on the convenience of services and amenities. Those with in-building services found the services to be more convenient.

2.3 Size of EPH

Perceived well-being was lower in the larger EPH's (both in rural Manitoba and in Winnipeg) and in the larger rural towns. As the specific data is somewhat differently expressed for each constituency, the findings examine various categories. (Tables 25 and 26)

(a) Winnipeg

Tenants in the very large EPH's report themselves as having more problems than tenants in all the other EPH size categories. The EPH based in Winnipeg were categorized in increments of 50. The significant findings include:

- tenants in the largest EPH are lowest on all the well-being scales
- tenants of very large EPH's indicated that health services, recreation services, security and location were factors in choosing their EPH more so than their counterparts in smaller EPH. Yet they do not report that their EPH is in any sense better than the seniors in smaller EPH's believe theirs to be
- tenants in very large EPH's score lowest in knowledge about services (although only marginally lower than those in 101-150 size). However, they do score the same on accessibility and availability
- tenants in small (less than 50) EPH and very large EPH's appear to put

the most demands on their manager

- tenants in small and very large EPH's score their EPH's as more convenient than do tenants of medium-sized EPH

(b) Rural

The tenants perspective based on size (less than 19 units and more than 20) was as follows:

- tenants in large EPH's have a much lower sense of psychological well being

- tenants in small EPH's feel more strongly about a manager's role to be of general assistance than do those in large EPH's. Tenants in large EPH's are more likely to look on a manager as someone to talk to.

On some matters, managers responses differed in accordance with the size of the EPH:

- managers of small EPH's express greater concern about the accessibility, availability and visibility of services

- managers of large EPH's indicated EPH to be more convenient for information and referral plus some other amenities, mainly stores and theatres.

- managers of large EPH's see more problems in the following areas: inadequate incomes, money managing ability, homemaking and

housekeeping, use of drugs, loneliness, poor nutrition and family neglect

By and large the smaller EPH's were in the smaller towns, and town size may assist in explaining some of these findings. The support systems and amenities in the smaller centres are not as extensive as those in the large centers.

A comparison of the findings between size of town in rural Manitoba (small town less than 5,000) provided the following significant results:

- managers in small towns are more concerned about service visibility, accessibility and availability than managers in large towns
- managers in small towns also are more likely to indicate that services are not appropriate
- managers in large towns indicated their perception that more of their tenants are using services
- managers in large towns indicate more problems with alcohol abuse
- tenants in large towns have a lower sense of mental well being
- tenants in large towns indicated more than did tenants in smaller centres that they are getting the necessary services
- the differing expectations of the managers role between small and large EPH's is not present between large and small towns

Therefore, it appears that the larger the EPH in Winnipeg and the larger the town in rural Manitoba the lower the perceived well being of the tenants.

2.4 Role of the Manager

The impact of the presence of in-building services on the perceived role of the manager was examined. Our previous studies have indicated the crucial role of the manager in an EPH, a role which incorporates a series of activities. The managers and tenants therefore were asked about the role of the manager, its import for perceived tenant well being and the effect of service location.

The managers tended to support a broadly defined role for themselves, including ensuring the well being of the tenants, helping tenants in need and ensuring help gets to tenants as the three most important activities for a manager. The tenants were also supportive of a broadly defined role for the manager, although not as strongly supportive of these activities as the manager. The three activities for which tenants and managers responses were positively correlated were: ensuring the well being of tenants, helping the needy tenant and providing information about services. Overall, for the activities defined in this project as those possible for a manager, both the tenants and the managers agreed. This indicates that the perception of the role by the manager and the tenant is similar.

There were some components of the job on which the tenants and managers seem to hold somewhat different views. 52% of the tenants and 72% of the

managers indicated that the manager should resolve problems or issues between tenants. This suggests that the managers are more prepared than the tenants feel appropriate to involve themselves in the inter-personal relations among tenants. At the same time, the tenants identify the manager as someone to talk to (76%) while 76% of the managers supported this as important. Thus, while the managers and tenants overall agree on the role of the manager, there are some components on which they differ. Correlations were undertaken for those EPH's from which both tenants and managers responses were available, and these areas of disagreement did not exhibit significant differences in means. (Tables 21 and 22).

The broad perspective of the managers' role correlated positively with perceived well being. Virtually all the powerful correlates are in the management part of the scale. This suggests that the manager may make a material contribution to the tenants' sense of being able to manage independently. (Table 23)

The presence or absence of in-building services did not significantly alter the managers' perception of role. The following itemizes the areas in which managers with in-building services differ to a statistically significant extent from managers without services located in the building. This analysis uses only the Winnipeg data as rural Manitoba does not provide the equivalent in-building options.

- managers with in-building services supported more strongly the perception that in-building services provide more security for tenants

- they indicated less strongly that services' should be for the tenants' sole use; that is, supported outsiders entering the facility

- they indicated more strongly than managers without in-building services that services are a factor in tenant's choice of an EPH -- that people come to the EPH because of available services

- in-building services are cited as contributing to increased friendship and social activities in the building

- indicate that more of their tenants are using services than do non in-building service managers; and further, indicate that more tenants should be using them

The managers with in building services cite services as important attributes in tenant interaction even though the data reports fairly minimal use; as important market factors in selecting an EPH even though the tenants indicate that the provision of service is the least important attribute for them; and as appropriate resources to be used which are being under utilized by the tenants. This latter point suggests that managers who view tenants as not sufficiently using services might encourage additional use, the appropriateness of which is undetermined. Thus, it is possible that the presence of in-building services while not significantly altering the manager's overall perception of role, do contribute to a more active role for those managers with in-building services and do shift the manager from solely housing matters to other concerns, with some potential for re-defining of the role of the manager.

SECTION III

CONCLUSIONS

This study looked at EPH's in Manitoba and the issue of in-building services or support services housing. Data was developed through a survey of tenants and managers on several hypotheses relevant to services and EPH's.

(a) In-Building Services and the Perceived Well-Being of Tenants

It had initially been our assumption that in-building services would affect the perceived well being of the tenants. This hypothesis was not supported by the data. Those tenants with in-building services did not show any difference in their scores on the perceived well being scale from those tenants without in-building services. Those with in-building services may have a vague sense that they are better off than their counterparts without such services, but these perceptions are not reflected in their scores on well-being scales (which have been well tested themselves). These findings hold not only for the group as a whole but with regard to subgroups broken up by age categories and state of health. The preference of both the managers and the tenants was for community based services, with the exception of recreation. Further, in-building services may decrease feelings of security and privacy. The policy question therefore may be framed in terms of the appropriateness and cost of in-buildings services if there is no positive impact on the perceived well being of tenants, and the presence of a potential decrease in attractiveness.

(b) Accessible Services and Service Use

Another hypothesis postulated a relationship between accessible services and service use. Again, this hypothesis was not borne out by the data. Those with in-building services report an increased sense of service accessibility and awareness of services, but not of service use (except for recreation). Increased use of recreation due to proximity, however, is a valued outcome, particularly as there is evidence that participating in recreational activities positively contributes to an improved sense of quality of life for seniors. There appears to be an intrinsic value to EPH residence. This lies in a perception that residency itself incorporates accessibility to services, with some concommitant implications for security. Differential strategies to foster the perception of accessibility to services that now exists may be useful, as perceptions of accessibility appear linked to well being.

(c) Role of the Manager

The manager may have an important role to play in the tenants' having a sense of managing well. Both tenants and managers supported a broadly defined role for the manager, and there was no significant difference in the role of the manager between those tenants with or without in-building services. However, some of the perceptions of the managers and tenants of that role suggest that there is the possibility that managers with

in-building services are more acutely aware of services for tenants, and cite the appropriateness of service use more than do managers without in-building services. Therefore, the presence of services in the building may shift to some extent the manager's perception of his role. Given the potential importance of the manager in terms of the tenants perception of managing well, it may be important to more fully understand the nuances of the contribution of management. The manager's role may be more sensitive and differentiated across EPH than expected.

(d) Size of EPH

As posited, size of EPH was an indicator of tenant well-being. The larger the EPH, and the larger the town in rural Manitoba, the less the tenants viewed themselves as managing well. There may well be a policy issue in terms of an optimum size for an EPH for user well being and the economics of building and resources. The larger EPH's proved to be negative factors in terms of well-being; yet many in-building services would require a certain density of users for viability (suggesting of course a larger complex). Given that in-building services do not correlate positively with well being, and that increased size correlates negatively with well being, it may be that some re-examination of the delivery of housing by size and services be considered.

(e) Distinction Between Care Facilities and EPH

The findings suggested that there may be a blurring of the distinction between care facilities and EPH. The presence of services in-building, as noted, tended to focus managers on the services. The presence of services with the exception of recreation are targeted to the minority of tenants, the ill-elderly. In this study, as in others we have undertaken, the ill-elderly tenants, while the most visible to managers and planners, are the minority. The majority are the well-elderly: those managing well and reporting positive perceived physical and psychological well-being. It may be that the presence of services in-building focuses attention on the minority in the tenant body, with a resultant blurring of the distinction between EPH and care facilities. To the extent that this is true, it somewhat masks the true value of EPH as a resource in and of itself. And the tenants did support a perception that EPH was a valued resource to its users.

(f) An Example of the Application of the Report

During the time that this report was being compiled a significant issue emerged in terms of planning for EPH's. The appropriateness and viability of food services in-building, either a restaurant or a meal program, is currently being explored. The findings and conclusions of this report would suggest the following considerations. To the extent that the program provided recreational or socializing opportunities, it would be positively

valued. To the extent that it reflected a service component it would not be valued. Further, accessibility of such a proposed service by locating it in an EPH would not, of necessity, result in it being used; accessibility does not positively relate to use. If such a program was made available to individuals outside the EPH, it would potentially affect perceived well-being negatively. If such a program was offered solely to residents of an EPH, it suggests a fairly large EPH, and a large size for the EPH correlated negatively with perceived well-being. And there should also be consideration of the impact of introducing such a service on the role of the manager and any shifts to which it might contribute.

(g) A Caveat

This study yields some interesting policy implications for EPH. However, some caution should be exercised in dealing with the findings and conclusions. The methodology did not permit a fully random sample and generalizations therefore are limited. However, the study does raise some significant issues, issues which warrant a more complex and complete treatment in different venues across Canada.

Appendix I

Questionnaires:

A: Tenants

B: Managers

QUESTIONNAIRE TO TENANTS

1. Please tell me how important each of the following reasons was to you in coming to this EPH. Please use the following scale: 1 not at all important; 2 not important 3 no opinion, it doesn't matter; 4 important; 5 very important

    1. low rental costs of EPH -- affordable rents
    2. less work e.g less maintenance, less household chores
    3. location of the EPH
    4. knew friends here
    5. availability of health services in the building
    6. availability of recreational services in the building
    7. thought would be a more secure place to live

2. Please tell me how strongly you agree or disagree with each of the following statements as describing this EPH for yourself. This time the scale of 1 to 5 deals with agree and disagree. Therefore, 1 is disagree strongly; 2 is disagree; 3 is no opinion; 4 is agree and 5. is agree strongly

    1. provides good quality housing
    2. provides affordable rent
    3. a place where I think I will be able to maintain my independence longest
    4. provides opportunity for friends and social activities
    5. provides support services seniors need
    6. it is easier to get to services

3. How would you say the move to EPH has affected your life:
    1. its a lot worse
    2. its a little worse
    3. the same
    4. its a little better
    5. its a lot better

4. Services are now being offered from three locations: in-building, that is actually located in the EPH, from a location outside the EPH (community based) and from services in a building adjacent (beside) the EPH. I have a series of questions related to the location of services. The services we are interested in are on this list (or are the following)

1. health services (doctor, nurses)
2. recreation services (clubs, senior centres, organizations)
3. supports for daily living (home care, cleaning, meals)
4. supportive services (translation services, information and referral)
5. emotional support services (social worker, psychiatrist, mental health worker)
6. facilities (hairdresser, bank, stores)
7. other offices and commercial space

4.1 For this EPH which of these services are located in the buidling, which are in an adjacent building, and which are delivered from the community

code: 1 for inbuilding 2 for community 3 for adjacent

4.2 In you opinion, how appropriate -- is it/would it be -- to have each of these services located in this EPH

1. extremely inappropriate 2. inappropriate
3. doesn't matter
4. somewhat appropriate 5. very appropriate

4.3 Which would be your preference for the location of each of these services:

1. inbuilding 2 in the community 3 adjacent

5. The following is a series of statements about services and EPH. We are interested in your opinion. Therefore, please tell me the extent to which you agree or disagree with each of the following statements. Please use the following scale:
1 disagree strongly, 2 disagree, 3 no opinion
4 agree and 5 agree strongly.

1. Having services actually located in the building -- would make me / helps me to -- feel more secure
2. Having services located in the building I think -- would /does -- encourage people to use them more
3. Having services located in the building I think -- would/do -- make tenants more aware of not being well
4. I think in-building services -- do/ would -- decrease privacy for tenants
5. In-building health services -- are/should be -- solely for the use of those living in the building
6. In-building recreational services -- are/should be -- solely for the use of those living in the building
7. In-building information services -- are/should be -- solely for the use of those living in the building
8. Tenants do not necessarily have to have anything to do with services
9. I would think that having services located in-building -- makes/would make -- it easier to find out about services
10. some EPH's should have services located in them; others should not so that people with different needs can live separately
11. if there -- are/were -- services in the building I think people ought to use them

6. In getting services I usually:

1. do it myself
2. ask our manager
3. ask my family
4. ask a friend
5. ask from the services I know about

7. The following statements may seem very blunt. They are important to our study and we would appreciate your most direct answers. Please remember that this is all confidential and will only be used along with all the other answers.

Please use the following scale:
1 disagree strongly, 2 disagree, 3 no opinion, neither agree nor disagree, 4 agree and 5 agree strongly.

1. I don't have many physical complaints
2. no one really cares whether I am dead or alive
3. I don't think that I have a heart condition
4. I have a good appetite for food
5. I am often bored
6. I have aches and pains
7. It is exciting to be alive
8. Sometimes I wish that I would never wake up
9. I am in good shape physically
10. I feel that life is worth living
11. I think my health is deteriorating
12. I don't seem to care about what happens to me
13. I don't get tired very easily
14. I can stand a fair amount of physical strain

(a) I view myself as living as an independent person

(b) I view myself as managing well

(c) I would say that I am in control of my life

(d) I know enough about services to meet my needs

(e) I would use services to help me meet my needs; to stay independent

8. Please tell me about yourself:

(a) age

(b) marital status 1. married 2. widow(er) 3. single 4. div/sep

(c) length of time have lived in this EPH

(d) do you 1. live alone or 2. live with someone

(e) sex 1. male 2. female

(f) previous living before moved to EPH -- 1. house 2. apartment

(g) source of income -- 1. OAS 2. CPP 3. GIS 4. Family
5. Pension 6. Investments 7. Other
code: 1. yes 2. no

(h) how many tenants in this EPH do you think are using services:
1. none 2. a few 3. don't know 4. quite a few
5. a lot

(i) how many tenants in this EPH do you think are not using services but should be:
1. none 2. a few 3. don't know 4. quite a few
5. a lot

(j) do you use or have contact with the tenant association
1. not at all 2. yes a little 3. yes, quite a bit
4. yes, extensively

(k) would you move to a different EPH if you felt you could get better services 1. yes, certainly 2. possibly
3. no opinion 4. not likely 5 no.

(l) ASK ONLY OF THOSE IN RURAL MANITOBA AND REGIONAL CENTRES
Would you move to a larger centre/town to get better services you needed 1. yes, certainly 2. possibly
3. no opinion 4. not likely 5 no.

9. The following is a list of factors which might affect people's use of services. Please tell me how important each of the following would be/are in encouraging you to use services

1. not at all important
2. not important
3. no opinion
4. important
5. very important

1. seeing it
2. easy to get to
3. not too crowded
4. type of serivce I like

10. I am going to show you a list/ The following is a list/ of services. Please tell me how frequently you yourself use each of them

1. not at all
2. less than once a month
3. once a month
4. once every two weeks
5. weekly
6. more than weekly, less than daily
7. daily

1. day hospital
2. senior centre
3. recreation other than senior centre
4. visiting nurse
5. aides for help in daily living
6. translation
7. doctors
8. public health nurses
9. meal delivery (meals on wheels)
10. home care
11. cleaning service
12. friendly visiting
13. information and referral services
14. social worker
15. mental health worker

11. INTERVIEWER --refer to services used (codes 3, 4, 5, 6) and ask the following question:

For each of the services used please tell me whether they are located 1. in the building 2. in the community 3. adjacent code 0 if not applicable

12. Do you have anything you need that you haven't gotten or haven't asked for in the past year:
1. yes 2. no

IF YES, ask the remainder of this question. IF NO, proceed to next question.

12.1 In which of the following areas did you need services:
1. yes 2 no

1. health services (doctor, nurses)
2. recreation services (clubs, senior centres, organizations)
3. supports for daily living (home care, cleaning, meals)
4. supportive services (translation services, information and referral)
5. emotional support services (social worker, psychiatrist, mental health worker)

12.2 For each of 12.1 subsections answered yes:
code 1. yes 2. no not applicable 0

Why didn't you get the help needed:
1. not aware of services
2. service not available
3. not sure what kind would help
4. don't know where it is
5. wouldn't ask for help
6. not eligible

ASK QUESTION 13 ONLY OF THOSE WHO USE SERVICES. USERS ARE THOSE WHO ANSWER CODE 3, 4 5 OR 6 TO ALL EXCLUDING DOCTORS.

13.1 Please tell me the extent to which you agree/disagree with the following statements -- code 1 to 5 each

1. I am satisfied with the services I receive
2. the services I get are provided to all tenants in this EPH
3. I use the service cause its here in the buidling
4. I feel I know about the services I receive
5. I can get to the services

6. I am worried that if I were to complain the services may be stopped
7. I feel I have a say in the services I am getting
8. services I get are necessary for me to be independent
9. I find receiving services help me not only with my health or well being but also helps my sense of confidence

13.2 Overall, the amount of help I receive is:

1. a lot too little
2. a little too little
3. just what I need
4. more than I need
5. much more than I need

13.3 FOR TENANTS RECEIVING EACH OF THE FOLLOWING SERVICES
(a) meals (b) home help (c) cleaning
(d) personal care (e) recreation (f) socializing
(g) personal health care

ASK FOR EACH RECEIVED SERVICE:

Without help with (insert service type) would you have been able to get by with: 1. no difficulty 2. little difficulty 3 lot of difficulty 4 not able to get along

14. Using our scale of 1 for disagree to 5 for agree, please indicate the extent to which you agree that each of the following activities are important ones for your manager (or manager substitute: leasing officer, tenant relations officer caretaker).

1. ensuring well-being of the tenants
2. helping tenants in need
3. setting rents
4. ensuring help gets to tenants
5. someone to talk to
6. providing information regarding services
7. ensuring that the building is maintained and apartments kept in good repair
8. resolving any problems or issues between tenants

15. How convenient would you say this EPH is to the following:

1. very inconvenient
2. inconvenient
3. no opinion
4. convenient
5. very convenient

1. food stores -- supermarkets	2. small food stores
3. bank	4. green space, park
5. church	6. restaurants
7. bus transportation	8. clothing store
9. theatres	10. medical services
11. recreational/social services	12. large shopping centre

13. information and referral/ translation/facilitating services
14. overall convenience of the building

THE READ*OP CENTER LIMITED

RESEARCH • EVALUATION • ANALYSIS • DATA • OPERATIONS • PROGRAM

TO: Managers, Elderly Persons Housing in Manitoba

RE: Survey Regarding Elderly Persons Housing

FROM: The Read*Op Center Ltd, Yhetta Gold Consultant

DATE: 10 August 1984

The Read*Op Center Ltd is undertaking a study entitled "Functional Analysis of Tenants in Elderly Persons Housing (EPH) and Services". This study is to examine the relationship of tenants' perception of well-being and independence to resources in terms of: service availability; service visibility; service accessibility; service appropriateness; and to examine the various models of service delivery involved in EPH.

The project involves a survey of the managers, interviews with tenants in some selected EPH and interviews with planners and service personnel.

As a manager, you are being asked to assist the project by:

- completing and returning the enclosed survey form which asks your opinion regarding some aspects of service delivery to tenants.

- supporting the survey of your tenants should your EPH be selected as one for the tenant survey. These interviews will take place during August and September, 1984, either in person or by telephone.

The survey is confidential and will be used only for the purposes of this study.

The results of this study will benefit both the tenants and management. It can only be successful if there is the greatest possible co-operation between the tenants, management and the researchers. Therefore, your assistance in supporting the interviewers, and in completing the enclosed survey yourself, is essential.

Please return this survey as soon as possible, but no later than September 10, 1984. If you have any questions please do not hesitate to contact the Read*Op Center.

We would like to thank you in advance for your interest and assistance.

274 YALE AVENUE • WINNIPEG, MANITOBA CANADA R3M 0M1 • (204) 475-9654

SURVEY TO MANAGERS OF ELDERLY PERSONS HOUSING

For each question, a scale is used, representing a range in possible opinions. Please indicate your opinion by using the number on the scale given for the question which most closely represents your opinion.

EXAMPLE: EPH is for people over 65. Please indicate the extent to which you agree using the following scale: 1. disagree strongly 2. disagree 3. no opinion 4. agree 5. agree strongly.

If you agreed, you would insert #4 on the line provided; if you disagreed insert #2 on the line provided, and so on.

ALL ANSWERS ARE CONFIDENTIAL AND USED ONLY FOR THE PURPOSES OF THIS STUDY.

1. Services are now being offered from three locations: in-building, that is actually located in the EPH, from community services, and from sites adjacent to the EPH. Please indicate from which source the following services are provided in your EPH by inserting the appropriate number to reflect your answer:
   1. in the building 2. in the community 3. adjacent

_____ 1. medical services (doctor, nurses)
_____ 2. recreational services (clubs, senior centres, organizations)
_____ 3. supports for daily living (home care, cleaning, meals)
_____ 4. supportive services (translation services, information and referral)
_____ 5. emotional support services (social worker, psychiatrist, mental health worker)
_____ 6. facilities such as hairdresser, bank
_____ 7. other offices and commercial space

2. Which is your preference for the location of these services. Again, please insert as follows:
   1. in the building 2. in the community 3. adjacent

_____ 1. medical services (doctor, nurses)
_____ 2. recreational services (clubs, senior centres, organizations)
_____ 3. supports for daily living (home care, cleaning, meals)
_____ 4. supportive services (translation services, information and referral)
_____ 5. emotional support services (social worker, psychiatrist, mental health worker)
_____ 6. facilities such as hairdresser, bank
_____ 7. other offices and commercial space

PLEASE TURN OVER

3. The following is a series of statements about services and EPH. Please indicate the extent to which you agree or disagree with each of them using the scale: 1. disagree strongly 2. disagree 3. no opinion 4. agree 5. agree strongly

_____ 1. Having services actually located in the building -- would make tenants / helps tenants -- to feel more secure

_____ 2. Having services located in the building I think -- would /does -- encourage people to use them more

_____ 3. Having services located in the building I think -- would/do -- make tenants more aware of not being well

_____ 4. I think in building services -- do/ would -- decrease privacy for tenants

_____ 5. In-building health services -- are/should be -- solely for the use of those living in the building

_____ 6. In-building recreational services -- are/should be -- solely for the use of those living in the building

_____ 7. In-building information services -- are/should be -- solely for the use of those living in the building

_____ 8. Tenants -- need not/ do no -- necessarily have to have anything to do with services in the building

_____ 9. I would think that having services located in-building -- would/does -- make it easier to find out about services

_____ 10. I would describe the tenants in this EPH as being willing to use services to help them meet their needs; to stay independent

_____ 11. some EPH's should have services located in them; others should not so that people with different needs can live separately

_____ 12. if there are services in the building I think people ought to use them

_____ 13. People come to EPH because of the services available

_____ 14. Managers should decide which services should be in the building

_____ 15. I am very involved in getting services to tenants

_____ 16. Tenants are unaware of services

_____ 17. Services to tenants are not sufficiently accessible

_____ 18. Services are not sufficiently available

_____ 19. Services are not sufficiently visible

_____ 20. Tenants see services as an admission of helplessness

_____ 21. The services are not appropriate to tenant needs

PLEASE GO TO NEXT PAGE

4. The following statements are often used to describe EPH. Please use the following scale to indicate your opinion:
   1. disagree strongly 2. disagree 3. no opinion
   4. agree and 5. agree strongly

____ 1. provides good quality housing
____ 2. provides inexpensive housing -- affordable rent
____ 3. a place where tenants will be able to maintain their independence longer than they might be able to elsewhere
____ 4. provides opportunity for friendships and social activities
____ 5. provides support services seniors need
____ 6. provides easier access to services

5. The following is a list of activities for managers. Please indicate how important you view each of them for yourself. Use the scale:
   1. not at all important 2. not important 3. no opinion
   4. important 5. very important

____ 1. ensuring well-being of the tenants
____ 2. helping tenants in need
____ 3. setting rents
____ 4. ensuring help gets to tenants
____ 5. providing someone for tenants to talk to
____ 6. having information regarding services
____ 7. ensuring that the building is maintained and apartments kept in good repair
____ 8. resolving any problems or issues between tenants

6. How convenient would you say this EPH is to the following community resources. Please use the following scale:
   1. very inconvenient 2. inconvenient 3. no opinion
   4. convenient 5. very convenient

____ 1. food stores -- supermarkets
____ 2. small food stores
____ 3. bank
____ 4. green space, park
____ 5. church
____ 6. restaurants
____ 7. bus transportation
____ 8. clothing store
____ 9. theatres
____ 10. medical services
____ 11. recreational services
____ 12. large shopping centre
____ 13. information and referral/facilitating services
____ 14. overall convenience of this EPH to services

PLEASE TURN OVER

7. The following is a list of potential problem areas for tenants. Please tell us your opinion as to the extent that each is a problem for your tenants.
Please use the following scale: A problem:
1. for almost all tenants 2. for more than half of the tenants
3. for half of my tenants 4. for less than half of the tenants
5. a problem for only a few tenants
6 not a problem 7. don't know

_____1. inadequate incomes
_____2. inability to manage money
_____3. homemaking, housekeeping
_____4. getting around community, transportation
_____5. abuse of alcohol
_____6. abuse of drugs/substances
_____7. being isolated/lonely
_____8. getting adequate meals/nutrition
_____9. poor physical health
_____10. overuse of medical facilities (hospitals, doctors, clinics)
_____11. fear of crime
_____12. never going out of apartment
_____13. family neglect
_____14. poor mental health

8. How many tenants in this EPH do you think are using services
_____ Please insert the number which applies:
1. none 2. a few 3. don't know 4. quite a few
5. a lot

9. How many tenants in this EPH do you think are not using services
_____ but should be. Please insert the number which applies:
1. none 2. a few 3. don't know 4. quite a few
5. a lot

10. Is there any comment or opinion you would like to note?

THANKS FOR YOUR HELP

Please return the questionnaire to the Center in the enclosed envelop.

Control #_____

APPENDIX II

TABLES

INDEX OF TABLES

INDEX OF TABLES (Continued)

Schedule 1 -- PERCEIVED WELL BEING SCALE

Psychological Well Being

No one really cares whether I am dead or alive

I am often bored

Its exciting to be alive

Sometimes I wish that I never wake up

I feel that life is worth living

I don't seem to care about what happens to me

Physical Well Being

I don't have many physical complaints

I don't think that I have a heart condition

I have a good appetite for food

I have aches and pains

I am in good shape physically

I think my health is deteriorating

I don't get tired very easily

I can stand a fair amount of physical strain

Self-Management

I view myself as living as an independent person

I view myself as managing well

I would say that I am in control of my life

I know enough about services to meet my needs

I would use services to help me meet my needs; to stay independent

Answers to these questions were aggregated into the respective indices.

Table 1 Correlation Between Sub-Scales of the Perceived Well Being Scale and the Self Management Index

physical/ psychological	.27940,	p<.0001
physical/ management	.22697,	p<.0001
psychological/ management	.41996,	p<.0001

Table 2 Age Distribution of Tenants (Q 8 (a))

	Wpg.	Rural
<60	06.9%	--
60-64	06.9%	02.5%
65-69	11.7%	10.7%
70-74	18.1%	17.2%
75-79	24.6%	27.9%
80-84	20.4%	24.6%
85-89	08.7%	13.9%
90+	02.7%	03.3%

Table 3 Description of Location of EPH Service by Managers (row percentages) (Q 1)

	In-Bldg.	Comm.	Adj.
medical	9.71	77.67	12.62
recreation	36.54	56.73	06.73
daily living	24.27	69.90	05.83
supportive services	20.00	70.00	10.00
emotional services	07.61	78.26	14.13
general facilities hairdresser	21.90	71.43	06.67
commercial space	01.09	88.04	10.87

Table 4 Description of Location of EPH Service by Tenants (Row percentages) (Q 4.1)

	In-Bldg.		Comm.		Adj.	
	U	R	U	R	U	R
medical	12.93	06.61	80.44	79.34	06.62	14.05
recreation	87.08	26.83	04.00	68.29	08.92	04.88
daily living	18.77	35.54	79.69	61.16	01.54	03.31
supportive services	35.16	11.21	64.19	84.11	00.65	04.67
emotional services	06.11	12.71	88.75	77.97	05.14	09.32
general facilities hairdresser	20.25	09.60	68.54	85.60	11.21	04.80
commercial space	09.48	02.52	85.95	94.96	04.58	02.52

Table 5 Managers' Preferences for Service Location
(Row Percentages)
(Q 2)

	In-Bldg.	Comm.	Adj.
medical	24.04	61.54	14.42
recreation	46.15	45.19	08.65
daily living	36.19	56.19	07.62
supportive services	27.55	64.29	08.16
emotional services	17.00	71.00	12.00
general facilities hairdresser	31.13	57.55	11.32
commercial space	04.12	86.60	09.28

Table 6 Tenants' Preferences for Service Location
(Row Percentages)
(Q 4.3)

	In-Bldg.		Comm.		Adj.	
	R	U	R	U	R	U
medical	36.69	29.63	50.32	46.30	12.99	24.07
recreation	77.92	32.38	14.51	48.57	07.57	19.05
daily living	25.65	23.81	69.16	54.29	05.19	21.90
supportive services	39.18	16.83	55.49	58.42	05.33	24.75
emotional services	17.42	12.50	73.87	62.50	08.71	25.00
general facilities hairdresser	37.00	08.57	50.46	61.90	12.54	29.52
commercial space	09.90	04.76	78.76	68.57	11.44	26.67

Table 7 Perspectives of Managers and Tenants on the Importance of EPH Attributes (Q2 tenants and Q4 managers) (row percentages)

	agree		no opinion		disagree	
	M	T	M	T	M	T
quality housing	97.1	91.9	--	03.3	02.86	04.8
affordable rents	96.2	93.2	--	02.7	03.81	04.2
independence	96.2	86.1	01.0	11.6	02.9	02.3
friend & social	98.1	80.5	01.0	08.0	00.1	11.5
support services	76.9	67.3	08.7	22.2	14.4	10.5
access to serv	70.2	88.0	15.4	05.6	14.4	06.4

Table 8 Correlations of Tenant Perceived Well Being with Attributes of EPH (Q 2)

	physical	psych	mgmt	composite
access to serv	.21, .0001	.23,.0001	.21,.0001	.29,.0001
afford rents	.12,.02	.28,.0001	.21,.0001	.26,.0001
quality hous	.13,.01	.27,.0001	.17,.001	.26,.0001
opport friend	.15,.002	.22,.0001	.10,.04	.22,.0001
longer indep	---	.26,.0001	--	.20,.0001
support servic	---	.10,.02	--	--

Table 9 Managers' Reported Frequency of Problems for Their Tenants (row percentages -- Q 7)

	A	B	C	D	E
inadequate incomes	5.61	3.74	32.71	53.27	04.67
money mgmt	--	0.93	49.54	35.51	14.02
homemaking	4.67	6.54	66.36	19.63	02.80
transportation	15.89	6.54	52.34	23.36	01.87
abuse of alcohol	0.93	--	34.58	57.01	07.48
abuse of drugs	--	--	20.56	56.07	23.36
being isolated	9.35	5.61	55.14	27.10	02.80
nutrition	6.54	5.61	44.86	38.32	04.67
physical health	5.61	10.28	67.29	13.08	03.74
overuse of med. fac.	--	0.93	26.17	56.07	16.82
fear of crime	8.41	4.67	33.64	40.19	13.08
never going out	0.94	--	42.45	52.83	03.77
family neglect	1.89	--	47.17	34.91	16.04
poor mental health	0.94	--	50.95	40.57	07.55

Notes:

1. modelled after study being undertaken in Ontario concurrent to this study.

2. Code: extent to which each problem was viewed as significant in the respective EPH.
   - A: for almost all tenants, more than half of the tenants
   - B: for half of the tenants
   - C: for less than half of the tenants or a problem for only a few tenants
   - D: not a problem
   - E: do not know

Table 10 Tenants Perception of Appropriateness and Preference for In-Building Services (Q 4.2 and 4.3)

	Appropriate In-building	Prefer In-building
heath services	45%	35%
recreational services	62%	67%
supports for daily living	32%	25%
information and referral	35%	34%
emotional supports	25%	16%
hairdresser etc	39%	30%
commercial space	16%	09%

Table 11 Correlation of Perceived Well-Being and Privacy Requirements for EPH Services (Selected Q 5)

	physical	psych	mgmt	comp
decrease privacy	.-11, .03	-.13,.01	--	-.13, .01
health services only for ten	--	--	.18, .002	.12, .02
recreat services only for ten	--	.19, .0001	.33, .0001	.23, .0001
informat services only for ten	--	.10, .05	.24, .0001	.17, .001

Table 12 Perceived Well Being and Age

	young/old	old/old	F	P
physical	26.3	26.2	.04	.84
psych	25.5	25.5	.04	.97
mgmt	21.6	21.7	.02	.90
comp	73.6	73.4	.05	.82

Table 13 Age and Attributes of EPH (Q 8 a and Q 2)

	young/old	old/old	F	P
good hous	4.06	4.07	.02	.89
afford rent	4.05	4.04	.01	.92
long indep	3.99	4.06	1.24	.27
fr/soc act	3.75	3.93	3.93	.05
supp serv	3.71	3.81	1.58	.21
ease get serv	4.65	3.94	2.10	.15

Table 14 Appropriateness of Service Location and Perceived Well Being (Q 4.2)

	in bld	comm	adj	F	P
HEALTH SERVICES					
physical	28.1	26.0	25.9	3.96	.02
psych	26.9	25.4	26.0	3.47	.04
mgmt	--	--	--	--	--
comp	77.4	73.5	73.4	5.19	.01
RECREATIONAL SERVICES					
physical	--	--	--	--	--
psych	26.0	24.2	25.9	8.44	.0003
mgmt	22.2	19.9	22.5	35.17	.0001
comp	74.7	70.0	74.1	12.66	.0001
SUPPORTS FOR DAILY LIVING					
physical	27.0	26.1	23.0	3.08	.05
psych	26.4	25.4	22.9	5.07	.007
mgmt	--	--	--	--	--
comp	74.9	73.6	66.9	3.84	.03
EMOTIONAL SUPPORT SERVICES					
physical	--	--	--	--	--
psych	23.8	25.9	26.1	4.76	.01
mgmt	20.5	22.7	20.8	8.66	.0002
comp	70.2	74.4	71.7	4.98	.001
SUPPORTIVE SERVICES					
All scales	--	--	--	--	--
FACILITIES					
physical	27.9	26.1	24.8	6.14	.003
psych	--	--	--	--	--
mgmt	--	--	--	--	--
comp	76.5	73.5	72.6	4.64	.02
OTHER COMMERCIAL SPACE					
physical	--	--	--	--	--
psych	23.5	25.8	26.3	5.99	.003
mgmt	--	--	--	--	--
comp	--	--	--	--	--

Table 15 Preference of Service Location and Perceived Well Being (Q4.3)

	in bld	comm	adj	F	P
HEALTH SERVICES					
physical	--	--	--	--	--
psych	--	--	--	--	--
mgmt	21.8	22.1	20.9	6.11	.01
comp	--	--	--	--	--
RECREATIONAL SERVICES					
physical	--	--	--	--	--
psych	--	--	--	--	--
mgmt	22.3	20.9	20.8	14.44	.0001
comp	74.7	72.2	72.5	4.04	.02
SUPPORTS FOR DAILY LIVING					
physical	--	--	--	--	--
psych	--	--	--	--	--
mgmt	21.4	22.2	21.0	5.88	.003
comp	--	--	--	--	--
EMOTIONAL SUPPORT SERVICES					
physical	24.9	26.8	25.7	4.88	.009
psych	23.7	26.1	25.8	10.51	.0001
mgmt	20.7	22.3	20.7	17.30	.0001
comp	69.6	75.3	72.2	13.79	.0002
SUPPORTIVE SERVICES					
physical	--	--	--	--	--
psych	--	--	--	--	--
mgmt	21.7	22.2	20.1	5.41	.005
comp	--	--	--	--	--
FACILITIES					
All scales	--	--	--	--	--
OTHER COMMERCIAL SPACE					
physical	--	--	--	--	--
psych	23.2	26.1	25.7	10.25	.0001
mgmt	20.5	22.3	20.7	16.02	.0001
comp	69.9	75.0	71.9	8.72	.0002

Table 16 Comparison of Users of Services and Location of Services

	in-building	comm serv	F	P
Use of Services and Perceived Well Being Scale				
psychological	26.2	25.4	3.45	.07
others not significant				
Attributes of Service (Q13)				
satisfied	4.55	4.32	5.12	.03
provided all	4.15	3.38	32.88	.0001
use cause here	3.35	2.70	10.98	.002
know about	4.31	4.10	5.49	.03
can get to	4.02	3.71	4.29	.04
complain	1.69	2.32	16.24	.0001
have say re serv	3.95	3.53	7.76	.006
services necessary	--	--	--	--
help me	4.25	3.99	6.28	.02

Table 17 Correlation of Perceived Well Being and Use of Services (Q 10)

negative factors:		
day hospital	r=-.18,	p<.0002
visiting nurse	r=-.21,	p<.0001
aides for living	r=-.11,	p<.02
public health nurse	r=.-17,	p<.001
home care	r.-.21,	p<.0001
cleaning service	r=.-12,	p<.001
social worker	r=-.25,	p<.0001
positive impact		
recreation centre	r=.24,	p<.001

Table 18 Correlations of perceived well being scale with attributes of service use by users (Q 13)

	physical	psych	Mgmt	Composite
satisfied	--	--	.34,.0001	--
provided all	--	.18,.01	.24,.001	.20,.01
in build	.22,.002	.19,.006	--	.23,.001
know about	---	.16,.03	.26,.0002	--
can get to	.23,.001	.17,.02	.21,.005	.28,.0001
worried	--	-	--	--
have a say	--	.19,.007	--	.15,.05
necessary	--	--	.31,.0001	--
self confid	--	.18,.01	.28,.0001	.16,.03

Table 19 Correlation of Convenience of the EPH and Perceived Well Being (Q 15)

	physical r	p	psych r	p	mgmt r	p	composite r	p
parks	.15,	.002	.17,	.0004	.18,	.0002	.22,	.001
churches	--		--		.15,	.002	.13,	.007
buses	--		.13,	.01	.23,	.0001	.16,	.002
medical	--		.13,	.01	--		.13,	.01
recreat	--		.22,	.0001	.23,	.0001	.23,	.0001
shop	.10,	.05	.12,	.02	.12,	.02	.15,	.01
info/ref	.14,	.01	.12,	.02	--		.14,	.001
overall	.14,	.01	.25,	.0001	.19,	.0001	.24,	.0001

Table 20 Convenience of Services and Amenities Comparing Tenants With and Without In-building Services

	Services	No Serv	F	P
small food stores	3.38	3.90	18.89	.0002
parks	3.79	3.53	5.51	.02
medical services	3.82	3.36	17.76	.0001
rec services	4.18	3.87	11.98	.0006
large shopping cent	3.36	3.05	7.47	.007
info and refer	3.86	3.25	40.15	.0001
overall conven	4.51	4.23	13.45	.0003

Table 21 Managers' and Tenants' Perception of Important Activities for the Manager
(Percentage important and very important)
(Q 14 tenants and Q 5 managers)

	M	T
ensuring well-being of the tenants	91.17	80.65
helping tenants in need	95.15	83.02
ensuring help gets to tenants	95.15	77.57
providing information regarding services	87.13	72.60
resolving problems/issues between tenants	71.57	52.25
someone to talk to	56.44	75.75
building/apartments maintained	97.09	88.43
setting rents	69.90	28.68

Table 22 Differences in Response Between Manager and Tenant on Activities of the Role of Manager

activity	manager	tenant	t	p
ensure well being	4.33	3.89	3.14,	.008
help needy tenant	4.44	3.89	3.71,	.003
info about serv	4.50	3.78	3.67,	.003
set rents	3.33	2.73	n..s.	
ensure help	4.13	3.97		
someone to talk	3.63	3.90		
ensure upkeep	4.44	4.09		
resolve issues	3.53	3.79		
overall	32.33	30.04	3.37,.005	

Note:
presents data on those EPH's for which both manager and tenants were involved in the project

Table 23 Correlation of Activities of the Role of Manager with the Management Index of the Perceived Well Being Scale

Positive:

ensure well being	r=.21, p<.0001
help needy tenants	r=.27, p<.0001
help gets to tenants	r=.19, p<.0001
someone to talk to	r=.16, p<.0009
ensure upkeep	r=.12, p<.02

Negative:

set rent	r=-.56, p<.0001

Table 24 Comparison of Role of the Manager for Tenants with and without In-Building Services (Q14)

Activities of the Manager	In-Bu	Not	F	P
should provide information regarding services	4.03	3.72	10.43	.002
should ensure building maintained	4.41	4.05	13.89	.0002

Table 25 Size of EPH and Perceived Well Being -- Winnipeg

	Small	Med	Large	F	P
Physical	26.8	26.1	24.8	2.61	.08
Psychological	26.9	24.9	24.4	12.76	.0001
Management	23.4	21.4	21.0	32.29	.0001
Composite	76.9	72.6	70.2	15.54	.0001

Table 26 Size of Town and Perceived Well Being -- Rural

	small	large	F	P
physical	--	--	--	--
psychological	25.3	22.3	21.19	.0001
management	--	--	--	--
composite	71.7	68.9	5.10	.03